

**MAHARASHTRA RURAL  
WATER SUPPLY & SANITATION PROJECT**

**PILOT SANITATION PROGRAMME  
CONSULTANT'S REPORT**

**DECEMBER 1994**



**LONDON SCHOOL  
OF HYGIENE &  
TROPICAL MEDICINE**

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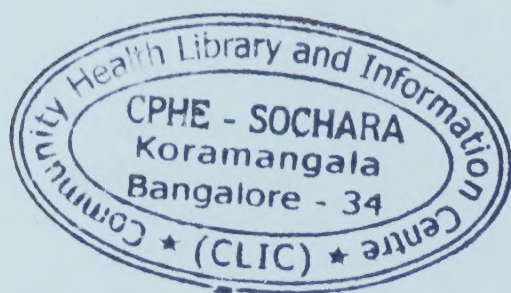
**DECEMBER 1994**

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## SUMMARY OF RECOMMENDATIONS

1. It is recommended that a Pilot Sanitation Programme (PSP) be started as part of the MRWSSP as soon as possible. The project should have an initial duration of approximately two years (with the possibility of renewal or expansion beyond FY '96/97) and a budget of 3.5 million Rs (approximately £70,000.) The scope of such a programme should include identification of community priorities for sanitation; active and appropriate promotion of community, household, and individual hygiene and sanitation; construction of some demonstration latrines (particularly in health facilities and schools); construction of some gutters, and training of government workers in the skills required for effective sanitation promotion.
2. It is recommended that sanitation consultants be appointed as soon as possible to develop and implement the PSP, in accordance with the Terms of Reference enclosed with this report.
3. It is recommended that the purposes of the PSP should be (1) to explore how sanitation can be sustainably promoted in rural Maharashtra and (2) to explore how the State can best be involved in promoting environmental sanitation. The PSP should be viewed as an opportunity to learn about the effective promotion of sanitation, leading to changes in human behaviour, rather than a project to complete construction of a fixed number of latrines within a given period.
4. It is recommended that, to the extent possible, the PSP be "demand-led," providing pilot communities and households those sanitation facilities and services for which clear demand exists. If strong immediate demand exists for latrines, then these should be built; if stronger demand exists for other sanitation facilities or services, then these should have a higher priority. In the latter case, promotion of demand for latrines may usefully take place while other services and facilities are provided.
5. It is recommended that the PSP adopt as a principle that no facility should be built without an explicit plan of what maintenance is required, who is to perform the maintenance, and how such maintenance is to be financed.
6. It is recommended that the programme be developed in close coordination with UNICEF and World Bank sanitation initiatives, to maximize the benefits of their experience.
7. It is recommended that the PSP should explore how those institutions already developed to implement the water programme of the MRWSSP can best respond to the challenge of providing sanitation in a sustainable way. Given the small number of sanitation-related NGOs in the Project Area, government staff should play a large role in sanitation promotion. There may be more potential for scaling up activities based on existing government structures than those which require new organisations or structures.



8. It is recommended that the PPMU have at least one full-time professional who is responsible ONLY for promotion of sanitation. It is further recommended that each district involved in sanitation promotion assign someone exclusively to the promotion of sanitation, and that each Block involved should also have a full-time sanitation promoter. Additional staff at district and block level will almost certainly be required if large scale sanitation promotion takes off, but recommendations for such commitments should await the results of the PSP.



## ACKNOWLEDGEMENTS

I wish to acknowledge the unstinting support and cooperation of officials of the Government of Maharashtra, who at every level from State to Gram Panchayat shared a deep concern about the problems of rural sanitation; no progress could have been made in such a short visit without their frank and candid advice, and their generous professional hospitality. This is particularly true of the staff of the Project Planning and Monitoring Unit, and I would especially like to acknowledge the support of Mr Sankolkhar and Mrs Chekkala.

I also wish to acknowledge the strong professional and logistic support from the ODA Field Management Office for Water Supply and Sanitation in Bombay: in particular, the help given by Mr Mark Harvey, Mr Kevin Sansom, Mr Vijay Gauri and Mr James Samuel. I am also grateful for the support and collaboration of my colleagues on the consultancy: Ms Hazel Slavin, Dr Tamsyn Barton, and Mr Han Heijnen, each helped me to understand distinct aspects of rural sanitation by sharing their unique perspectives and experiences.

None of the above bears any responsibility for deficiencies or factual errors in this report, which of course rests with the author.



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## 1.0 INTRODUCTION

### 1.1 Definitions of Sanitation

Sanitation is used loosely to convey one of two ideas. One common definition of sanitation is "the safe management of human excreta", and thus many sanitation programmes focus only on the promotion of latrine construction and use. More broadly, the term sanitation can mean "the control of all those factors in man's physical environment which [may] exercise a deleterious effect on his physical development, health and survival" (Ehlers & Steel, 1958 p.2). This extends the idea to include promotion of water supply, excreta disposal, personal hygiene, surface water drainage, solid waste management, etc. as essential related activities. The terms of reference for this consultancy make it clear that the broader definition must be considered in this report.

### 1.2 Links Between Water and Sanitation

Water supply and sanitation are linked for two reasons. First, water supplies are often built to improve health, largely through reductions in faecal-oral disease; such reductions are difficult to achieve where excreta management is unsafe. Secondly, improved water supplies can dramatically increase the amount of water used by communities and households; this water must be removed safely, or environmental health hazards can result. When households make individual connections to the water supply, water is frequently used as a medium for excreta disposal, through septic tanks, soakaways, sewers, etc. The problem of safe water disposal grows in importance as more individual households connect to a public system, and thus require effective individual drainage. Sanitation has thus been included in the MRWSSP since its inception in recognition of these two factors.

### 1.3 Background of Sanitation in the MRWSSP

Sanitation has, however, played a small part in the project to date. There are many reasons for this, but the principal ones are that both the capacity to provide water and the political demand for it are much greater than the corresponding capacity and demand for sanitation. The project design accordingly included funds for a Pilot Sanitation Programme (PSP) in approximately eight villages, with a view towards gaining experience in effective sanitation promotion which might extend to other communities in the Project area and Maharashtra as a whole.

Accordingly, the UNDP/World Bank Regional Water & Sanitation Group visited the project area in 1992, and developed a plan (UNDP/WB/RWSG, 1992) by which villages would be selected for the implementation of a "demand-led" sanitation programme which would include in its scope the construction of latrines and gutters,



washing slabs, cattle troughs, garbage and cattle dung disposal facilities etc. Details of their proposal are reviewed later in this document.

Given severe demands upon overall MRWSSP management at the time of their report, these recommendations were not immediately followed up. A second consultancy was thus commissioned in June of 1994 to provide advice on the Pilot Sanitation Programme, and update as appropriate the recommendations of the UNDP/WB/RWSG report.

#### 1.4 Activities of the Consultancy

The consultancy activities started with a briefing in Bombay by the ODA Field Management Office (FMO), and meetings with representatives of the Maharashtra Water Supply and Sewerage Board (MWSSB), the Project Planning and Monitoring Unit (PPMU) of the Rural Development Department (RDD), and the State Department of Health. Several days were spent in field visits to villages and Zilla Parishads in Jalgaon and Nasik Districts, which involved meetings with residents, government staff, staff of the Women's Studies Unit of the Tata Institute of Social Sciences (TISS), some NGO representatives, and a visit to the Maharashtra Water Supply and Sewerage Board Training Centre. Upon return to Bombay, the consultant reviewed some baseline documents in Bombay, discussed the work with other consultants, and met with UNICEF and Operations Research Group (ORG) consultants. The consultancy activities in India concluded with the preparation and presentation of the enclosed aide-memoire in Bombay.

### **2.0 RURAL ENVIRONMENTAL SANITATION IN MAHARASHTRA**

#### 2.1 The Nature of the Problem

The major problems of environmental sanitation in rural Maharashtra were apparent during field visits. Open defecation is the most common means of excreta disposal, thus contributing to the spread of faecally-related infections. Little or no provision is made for hygienic management of children's excreta, which are often a particularly potent vector of parasitic infection; children are the principal victims of faecal-oral disease, and their stools are thus more laden with pathogens. Public latrines were visited in several villages, none of which were well maintained, and villagers in general expressed disapproval of them.

Drainage is poor or nonexistent in many villages. This can be problematic for two reasons; (1) given the absence of paving, streets turn to mud during the monsoon, creating a hospitable environment for the maturation of faecally-transmitted helminths (worms) e.g. *Ascaris*, (roundworm) and *Trichuris* (whipworm.) (2) Where drains (referred to as gutters) are built, they frequently



end up carrying human and animal faecal matter. Where this is the case, bad drainage spreads faecal contamination.

Cattle dung, household waste, and leftover fodder make up much of rural solid waste. Solid waste attracts and sustains flies, (which may transmit disease) and blocks drains; faecally contaminated household wastes can also contribute to the spread of disease through flies, and general environmental contamination. Nevertheless, from a public health perspective, solid waste is relatively low on the list of priorities for environmental sanitation.

## 2.2 Issues of Sanitation Promotion

A variety of obstacles to effective widespread promotion of sanitation were evident during the field visits. One of the objects of the Pilot Sanitation Programme should be to gain insight into these problems, and acquire experience in overcoming them. This experience can then be applied on a wider scale in other communities.

**2.2.1 Technical difficulties** Villages which were visited were far from homogeneous in size and density, so that "package solutions" are not possible. Building latrines immediately next to households may be done where housing density is low, but this is not practical in high density areas, even in small villages. If latrines are built too far away, however, they are less convenient, and thus less used. In some high density areas, the discharge of wastes to "gutters" (open drains) may be appropriate, if they can be properly planned, built, and maintained. Rocky or waterlogged areas also present special problems that require site-specific attention. Solutions to each community's problems are not obvious, and will require careful thought on-site by both skilled professionals and villagers.

**2.2.2 Few successful examples** Most villages visited had no latrines, or at most one or two. Villages with gutters rarely had complete systems, but instead had only partial drainage, in some cases with drains ending with no outlet. Maintenance was a consistent problem for both public latrines and drains; poor maintenance blocked drains, and made use of public latrines disgusting. Drain maintenance varied; among one lower caste community, each household cleaned the drain outside its house and thus maintained a viable system. Whether such a system could be adopted by higher caste communities is an open question. It was also noted by several observers that members of the lowest caste are unwilling to taking up "traditional" employment as sweepers, which is seen as degrading, making it more difficult for middle and higher caste communities to hire workers to maintain drains and latrines. In general, there are few good examples to follow, and many bad examples which actively discourage villager interest in environmental sanitation.

**2.2.3 Limited Capacity for Implementation of Sanitation** There is very little capacity at the Zilla Parishad level or lower to



promote any single aspect of environmental sanitation. There is even less capacity to develop a coherent village environmental sanitation plan, reflecting a balance between latrines, health promotion, drainage, and solid waste management. Such capacity could be developed, but does not yet exist. To be effective, sanitation promotion involves a great deal of community consultation and involvement, which require skills different from the technical and bureaucratic ones generally available within the state apparatus.

Some NGOs already have this blend of technical and communication skills, but there are none with substantial implementational experience in the three project districts. Is the promotion of NGOs a realistic route to the large-scale promotion of sanitation, or should government agents, with the full resources and infrastructure of the state behind them, learn some lessons from NGOs about sanitation promotion?

**2.2.4 Institutional difficulties** Maintenance, as everywhere else in the world, appears to be a critical problem for any proposed environmental sanitation facilities. Maintenance is always assumed to be the responsibility of "somebody else", usually the government; for their part, even if they have money for the work, the government has difficulties in recruiting people to do what has become symbolically demeaning work.

The institutional capacity to carry forward ANY aspect of environmental sanitation is limited when it must compete with other demands (e.g. water supply.) This needs to be borne in mind before assuming that existing institutions for water supply can also take over sanitation. This problem is also reflected in some of the difficulties of current subsidy programmes where commitments of funds "in principle" at differing levels of government are difficult to convert to hard cash when sanitation competes with other needs.

**2.2.5 Why Should People Want Sanitation?** Latrines, drains, and solid waste management are promoted for a variety of reasons. The most frequently cited is "promotion of health", although "cleaning up the community", and "reduction of nuisance" are often benefits which are more important to villagers. "Privacy" and "security for women" are frequently cited advantages of latrines. To succeed, villagers and promoters both need to understand why sanitation is being promoted.

If health is the principal concern, then attention may need to focus on health education. As was observed at an informal Delhi consultation on sanitation (WHO, 1993), it is better to focus on changes in human behaviour than on hardware, particularly where communities and governments view latrines as prohibitively expensive.

This may be particularly true in small villages, where the greatest single health impact may come from discussing practices in the disposal of children's faeces, without the substantial hardware investment in latrines. If privacy and security are the



principal concerns, then latrines obviously meet a need that health education cannot. A similar review of objectives should be made for other components of environmental sanitation, to ensure that what is offered as a "solution" actually meets people's needs.

**2.2.6 The Issue of Demand** At present, environmental sanitation is not seen as a major problem by villagers in the project area; at least, not large relative to other problems such as employment, income security, etc. (see Annex IX and the original ORG 1994 Baseline survey.) Effective promotion may increase the priority of sanitation, but it is unwise to assume that sanitation is a strongly felt need of the community.

This does not mean that villagers don't value cleanliness. On the contrary, villagers may not want a latrine in or near their house, precisely because it may be seen to "pollute" their home. In addition, villagers' experience of sanitation is often limited to smelly, dirty, poorly maintained public latrines. A major component of any sanitation programme may thus be increasing the demand for sanitation, quite possibly through the demonstration and modification of low cost sanitation technologies which meet villagers' criteria of ease of maintenance, freedom from smell, etc. An experienced sanitation promoter in Maharashtra estimated that it generally takes a year of promotion in a community before latrines could actually start to be built there.

"Demand" also has a specific economic meaning. Economic demand represents the money people are willing to pay for a good. Given foreseeable economic trends, large scale sanitation in India and Maharashtra simply cannot be promoted on the basis of a 90% subsidy. This means that people must be willing to pay a substantial part of the cost of sanitation if meaningful coverage is to be achieved.

The ORG Baseline Survey (1994) of the project area found that approximately 30% of households visited are willing to pay Rs. 3000/- towards the cost of an individual latrine. (Cost estimates for latrines vary between Rs 4,000/- and Rs 5,000/-). Demand estimation by survey is notoriously difficult, but this estimate shows some cost recovery should be possible. This would permit wider promotion of sanitation with the same government funds, and also assure the government of a genuine desire for the latrine on the part of the consumer.

If the MRWSSP is to be serious about a sustainable "demand-led" approach to sanitation, as recommended by the UNDP/WB/RWSG report, then promotion and satisfaction of demand must lie at the heart of the PSP. Very simply, the PSP must struggle to find ways to provide only what villagers really want.



### 3.0 THE PILOT SANITATION PROGRAMME

#### 3.1 Objectives of the PSP

It is recommended that the objectives of the programme should be:

1. To explore how sanitation can be sustainably promoted in rural Maharashtra. This objective is essentially the same as that proposed by the UNDP/WB/RWSG report.

2. To explore how the state can best be involved in promoting environmental sanitation. The first objective is being explored by both UNICEF and the World Bank in their respective sanitation programmes, and a question arises as to what contribution can be made by a relatively modest effort in the MRWSSP. Both the UNICEF and World Bank projects rely heavily on NGOs promoting sanitation, and this is consistent with the general trend of sanitation promotion within India.

This trend has emerged from the experience of both successful sanitation promotion by NGOs, and generally disappointing government programmes (or the complete lack thereof.) Several NGOs have established their success in sanitation promotion, and have shown that they possess the flexibility, openness, and responsiveness to community priorities that are so essential in this work.

There are limits, however, to the extent to which NGOs can promote sanitation. They are generally small in number and size and have a limited capacity for implementation; the potential for small NGOs to scale up pilot programmes to a statewide level is limited. In the districts of the MRWSSP, there is in fact no experience of NGO promotion of sanitation. By contrast, there are personnel at all levels of government in Maharashtra, and particularly at Block level, who could become involved in the promotion of sanitation. If the PSP can learn and demonstrate how such staff can effectively promote sanitation, the lessons may be transferable to other blocks and Zilla Parishads of the State. If this is the case, large-scale sanitation in Maharashtra may take off much more quickly than if it is necessary to develop the organizational and institutional infrastructure of NGOs throughout the State. The important question which the PSP should try to answer is whether or not government staff can learn some of the secrets of NGOs success, for replication by other staff elsewhere, or whether the State should resign itself to the promotion, co-ordination and finance of NGOs.



### 3.2 Components of the PSP

**3.2.1 Hardware** The UNDP/WB/RWSG report (1992) concluded that the Environmental Sanitation components should be integrated with the Water Supply components so that the two are seen as part of the same broad activity. The report suggested that the programme include:

- private and community latrines
- garbage and cattle dung disposal
- soak pit and public sullage drainage (gutters)
- washing slabs
- cattle troughs
- apron construction at public water points.

The report also suggested that storm water drains would only be considered to alleviate chronic and serious flooding in limited areas of selected villages.

Based on field visits and discussions with villagers and staff, the above facilities seem plausible components of a Pilot Sanitation Programme. They seem likely as "candidates" for environmental sanitation activities which may be considered by the community and the MRWSSP. It is unlikely, however, that all, or even most of these activities will be appropriate for all villages; the mix of appropriate activities is likely to vary from village to village. A key task of the Pilot Sanitation Programme will be to develop methods for working with the community to set its own priorities for environmental sanitation.

**3.2.2 Software** Knowledge, information and understanding need to be developed in the overall process of sanitation promotion, in the specific area of health education, and in the training of government staff in these areas. In addition, of course, staff and villagers need to be trained in the installation and use of any hardware components of the sanitation plans.

**3.2.2.1 Process** There will not be a standard set of facilities for each village, but components will vary depending upon the problems, felt needs, and priorities of the community. In some cases, paving access to public latrines may represent a significant yet low cost improvement to community sanitation; in others, the demand for gutters may take over-riding priority. After some visible success is achieved by the community's standards, there is more scope for promotion of other aspects of sanitation. The one over-riding requirement is that the "improvements" are recognized by the community as worthwhile. This requires a sensitive approach where those responsible for sanitation listen hard to what the community wants before working with them to develop a plan. Such a process may involve Participatory Rapid Appraisal (PRA) techniques or other means to clarify the needs of the communities. Development of this process is a key objective of the PSP, and is discussed at length in Section 3.3.



3.2.2.2 Health Education (also referred to as "Information, Education and Communication") is a second critical aspect of software, and can inform the process by which priorities are set. In discussions with the Health Education Consultant, it was agreed that there were four aspects in which Health Education should become linked with the Pilot Sanitation Programme:

**Health workers and community priorities** Health workers involved with the Health Education Component of the MRWSSP are likely to be in touch with communities, and can help in the preparation of initial discussions of sanitation priorities.

**Sanitation-related messages** After specific proposals for sanitation improvements are developed in each community, appropriate information (e.g. importance of proper drainage for washing slabs, maintenance of latrines, etc) can be channelled through the MRWSSP Health Education component.

**Demonstration effect** The construction and good maintenance of latrines and other facilities by health educators can serve as an important demonstration to others. These may be at the homes of health personnel, primary health centres, and at schools. The visible condition of these facilities are powerful "messages", for good or ill, about the nature of sanitation improvements; in the pilot stage, no facility should be built unless it is clear how it will be maintained.

**Continued promotion of low-demand components** If, for example, safe excreta disposal is not high on the community's agenda, or if some parts of the community are more receptive than others, health educators need to develop appropriate messages about excreta disposal. Such messages may encourage the construction and use of latrines, or the more appropriate disposal of children's faeces, or both. These are not part of the current Health Education campaign, although their inclusion is foreseen.

3.2.2.3 Staff training A variety of training needs must be met, if PSP is to expand the capacity of government workers to promote environmental sanitation. These would cover a variety of technical, managerial, and community development skills, and would require a range of methods from formal short courses (on technical subjects such as gutter design) to more experiential or problem-based "on the job" training in participatory appraisal methods.

### 3.3 Process of the PSP

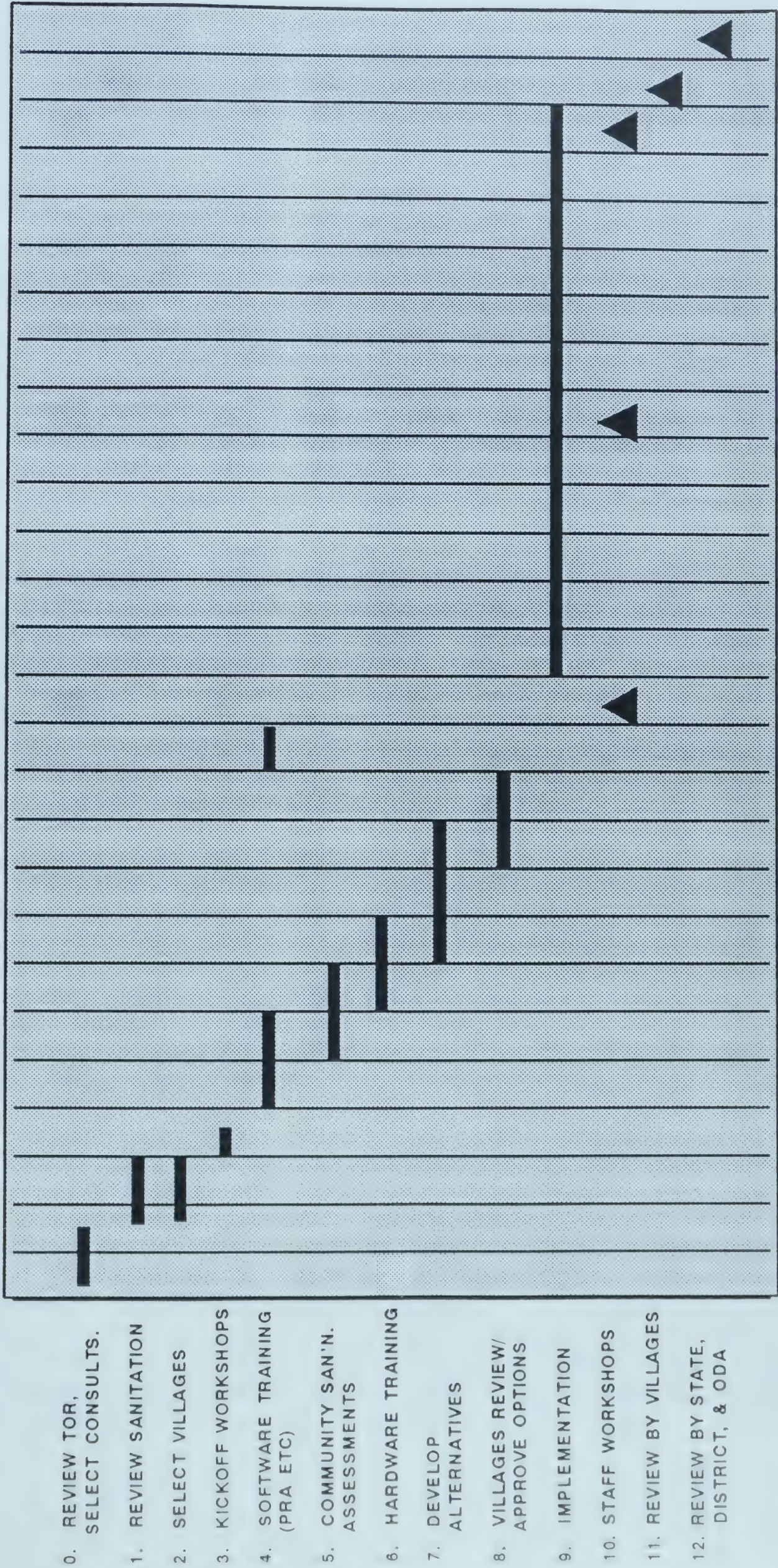
The current responsibilities of MRWSSP staff do not permit them to provide the full-time management required for the PSP, so a consultancy is proposed to assist in its implementation. If the PSP is to be driven by the as-yet unknown demands of eight to ten distinct communities, a precisely defined structure and timetable of activities cannot be proposed. Nevertheless, it is anticipated that the PSP will involve several overlapping stages over a two-year period as shown in Figure 1.



# Maharashtra Pilot Sanitation Programme

## Timetable

Figure 1



J F M A M J J A S O N D J F M A M J J A S O N D J F M  
| 1995 | 1996 | 1997 |



**1) Review of Sanitation in Maharashtra, particularly in the project area.**

1.A) Consultants contact with PPMU, UNICEF, the World Bank, and/or their implementing agencies/consultants to learn of the varying approaches being taken towards sanitation in Maharashtra.

1.B) Consultants' initial visit to the project area to discuss, with the Zilla Parishads and Block organisations, the proposed approach to implementation of the PSP and criteria for the selection of villages. Resource issues, (e.g. available subsidies, available staff at State, Zilla Parishad, and Block level, etc.) are to be identified for subsequent review at the later workshops. **It is essential that sufficient government staff at Zilla Parishad level be committed to the PSP to have a chance of success, to learn lessons from the programme, and to employ them for further sanitation promotion beyond the close of the PSP.** Field visits to villages will play a major role in permitting the consultants to observe the range of sanitation problems.

**2) Selection of eight to ten villages for implementation of the PSP.** This must be done in close coordination with PPMU, the ZPs, and TISS. The UNDP/WB/RWSG's report suggests that these be distributed across the spectrum of village size, and that they be selected based on a track record of community development activities. While not necessarily disagreeing with these criteria, Annex V outlines the two basic but occasionally conflicting criteria for village selection, namely "representativeness" and "potential for success."

**3) Kickoff Workshop on PSP in each Zilla Parishad.** Representatives from ODA, PPMU, Zilla Parishad, and Block staff should attend. At these workshops, the consultants are to present, for review and discussion:

Objectives of PSP

Process of PSP

Resource Requirements of PSP

Resources available to PSP

Note in particular that while some financial resources for the PSP are available from the ODA, both the Zilla Parishad and the State must commit full-time staff to explore the issues of sanitation. In addition, clear understandings must be reached about the requirements for community contributions (through the Gram Panchayat or individual contributions) to be made towards the cost of the sanitation programme. It is tentatively suggested that this should be set at approximately 30%, but this should be reviewed by the consultants, and at these kickoff meetings. These arrangements must be clear, however, before serious discussions of alternatives with the affected communities.



**4) Detailed Assessment of Community Sanitation Priorities.** To be performed by the community facilitated by consultants, with block and Zilla Parishad staff assisting (and learning). The assessment is to focus first and foremost on identifying the problems, **not** the solutions. (e.g. the problem is not "an absence of gutters", as gutters are an attempt to solve a problem; the problem may be "muddy streets" or "unpleasant sullage spills" or "flooding from upstream gutters.") Focusing on solutions sometimes hides the problems, and simpler methods of solving them. Ranking exercises between the problems may be helpful in setting priorities.

**5) Development of hardware and software alternatives for community sanitation.** The technical consultant, the Block Development Officer for Sanitation, and the community development consultant will work together to develop hardware alternatives with which to meet the priorities determined by the community. These shall be costed, and the community contribution required towards these improvements shall be determined, based upon the preceding discussions at the Kickoff workshop.

In addition, the team must work with the community to determine institutional arrangements for the implementation and maintenance of sanitation activities. For example, everybody may agree to clean the gutter outside their house, and work on the common portion every third Saturday, or they may agree to contribute monthly to pay someone else to do the job, or whatever other option seems reasonable. The consultants must be careful to consider "all of the activities required for successful implementation" and not just "the financial requirements of construction".

**6) Review and Approval of Options with Communities** The consultants, with the corresponding Zilla Parishad, Block, and Gram Panchayat officers, will present the options they have developed to the communities for review, approval and modification as necessary to the community. Some of this should be in a group setting as was appropriate for setting priorities, but some time should also be left for individual consideration and discussion. It is thus suggested that at least two meetings be set aside for this component, one for presentation and discussion of the options developed by the consultants, and then a later one at which the general plan can be defined, (e.g. "gutters like those in Option B, latrines as in Option A, and finally solid waste as in Option C, if there's still some money available. Gutter maintenance will be by Option 1, latrine maintenance will be undertaken by individual householders. If latrines are not well maintained, the owner must contribute X Rs to the general sanitation fund.")

In addition, villagers will almost certainly have modifications to suggest to the options developed by the consultants, and can thus start the "stepwise refinement" inevitable in implementing the plan.



**7) Implementation of Plan** This is simply the carrying-out of all activities identified within the plan of each village. This is **not** just the construction of facilities, but includes:

- startup of maintenance activities and training,
- periodic monitoring with the community to assess progress,
- startup of community contribution (e.g. labour, cost recovery, etc) activities,
- continued promotion for later project activities.

**8) Programme Staff Workshops** Periodically, (e.g. every 6 months), there should be workshops for Village Water Committee representatives, Block Level Workers, ZP Staff, and PPMU staff, at which differing perspectives on sanitation are presented. The function of such workshops is two-fold: (1) to help ZP Level Staff understand village level perceptions of sanitation, as a guide to thinking about expansion of sanitation programmes. What are the perceived needs, how effectively are they being met, and how can they be met more effectively in future? Can block level EOH's apply any lessons to other villages? What would workers do differently? Can the Zilla Parishad and Block level EOH's develop such programmes on their own, given some financial support from the GoM and GoI? (2) To monitor progress of the PSP, and identify bottlenecks to progress. What are the constraints, what are the training needs?

**9) Final Discussions with Villagers** Review of progress and process, expectations, and future plans. What are the prospects for maintenance, what are the remaining unmet priorities, how will the village try to meet them? If it were to be done all over again, what could be done better?

**10) Final Review by State, District and ODA staff** Another "review of process, expectations and future plans", but this time from the perspectives of the implementing and funding agencies. For this final review, it may be appropriate to use the services of an external consultant to bring an outsider's perspective and objectivity. Such a review can only make sense in terms of the programme's originally agreed objectives, but an outsider can nevertheless bring in fresh insights, and gather a variety of opinions more easily than those most intimately involved with the programme.

### 3.4 Tentative Budget Estimate

If the project is to be truly demand-led, it is difficult to establish at this stage an appropriate budget. Referring to the timetable, clear ideas of community priorities should emerge within six months of the start of the programme, and alternatives will be developed and considered over the next three months. Such alternatives, however, cannot be developed in a financial vacuum, and the consultants will need to know overall how much



money is realistically available for the work when discussing options with communities.

In terms of estimating quantities for such a programme, in the absence of defined sanitation plans, there is no real reason to revise the estimate of the UNDP/WB/RWSG report of approximately 4.4 million rupees, as the quantities outlined there appear reasonable and realistic (e.g. the assumption that at best only 10% of houses will have latrines.) Likewise, their assumption that communities will support at least 1/3 of this cost in cash or labour also seems reasonable, leading to a capital budget of approximately 3.0 million Rs. Weighing against that is the disappointing fact that demand-led projects tend to proceed more slowly and spend money less rapidly than projects driven by construction targets. (The important advantage of a demand-led approach is that the money can be better spent, meeting real needs rather than artificial targets.)

It is therefore proposed that (1) immediate budgetary planning be based on the original UNDP/WB/RWSG report estimate, and that tenders from consultants' for their services provide the basis of cost estimates for the non-capital portion of the programme, (2) the total programme cost should be reviewed by the consultants in their Pilot Programme Memorandum, during the Kickoff Workshops, and (3) the budget should be reviewed again at the end of 1995, prior to the start of the implementation stage.



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ANNEX I: CONSULTANT'S TERMS OF REFERENCE  
OVERSEAS DEVELOPMENT ADMINISTRATION

I/TOR/34

Field Management Office (Water and Sanitation), Bombay

MAHARASHTRA RURAL WATER SUPPLY AND SANITATION PROJECT

Terms of Reference for a Sanitation Consultant  
(Draft 8/7/84)

**Introduction**

1. The Government of Maharashtra (GoM) Rural Water Supply and Sanitation Project (MRWSSP) will provide piped drinking water to over 200 villages in Nasik, Dhule and Jalgaon districts of northern Maharashtra. The project adopts an integrated approach linking Community Development, Health Education and training programmes with Engineering activities. A demand-led Pilot Sanitation Program (PSP) is also proposed for about 8 villages. The project is assisted by the Overseas Development Administration (ODA) of the United Kingdom (UK).
2. The Rural Development Department (RDD) of GoM has set up a Project Planning and Monitoring Unit (PPMU) at state level to undertake project planning, monitor progress of the implementation of the various activities, provide overall management and ensure co-ordination and co-operation of the different implementing agencies. In each district a District Planning and Monitoring Unit (DPMU) is set up within the Zilla Parishads (ZPs) to undertake similar management functions at that level.
3. The supply to over 200 villages is being achieved by means of 5 regional rural piped water supply schemes. Implementation of water supply engineering works is the responsibility of the Maharashtra Water Supply and Sewerage Board (MWSSB). The Health Education programme is the responsibility of the Public Health Department (PHD). Community Development activities are undertaken by government staff in district, block and village level teams (DLTs, BLTs, VLTs) supported by Community Development consultants from the Womens Studies Unit of the Tata Institute of Social Sciences (WSU-TISS).
4. ODA maintains a Water Field Management Office (WFMO) in Bombay to monitor project progress, manage UK inputs and provide technical advice.

**Background to the Pilot Sanitation Program (PSP)**

5. Effective provision of sustainable environmental sanitation is not easy to achieve. In the MRWSSP the approach is to develop a demand-led program of action in 8 project villages. Originally 8 market villages were selected (one per administrative block) with the premise that such villages would provide a demonstration of the success of the program to visitors.



6. In August 1992 a small team from the UNDP/World Bank Regional Water and Sanitation Group - South Asia (RWSG) carried out a consultancy assignment to advise on the PSP. Their most important conclusion was that the demand-led approach could best be achieved and the chance of program success increased by focussing on about eight villages in two localised groups identified by the CD consultants WSU-TISS. The findings of the RWSG Mission and the ToR drafted for members of the technical support teams to the CD consultants are attached.
7. In January 1993 the ODA's Annual Project Review (APR) concluded that, at that time, under-resourced project management dealing with a complicated project should not be burdened with the PSP. In the APR of January 1994 the ODA's mission recommended that the PSP be started in the current year.

#### **Requirement and Objective of the Consultancy**

8. ODA requires a Sanitation Consultant to visit the Maharashtra Rural Water Supply and Sanitation Project to provide advice on all aspects of the Pilot Sanitation Program and give a start to the PSP.

#### **Outputs of the Consultancy**

9. The Consultant will prepare an Aide-memoire summarising findings and recommendations for presentation to the project authorities before leaving Maharashtra. This Aide-memoire should recommend modifications considered necessary to the existing approach and ToR prepared by RWSG.
10. The Consultant will submit a full report to ODA within four weeks of the end of the visit to the project (7 October).

#### **Activities of the Consultancy**

11. The Consultant will hold discussions with:-
  - a relevant project personnel within RDD, ZPs, PHD and MWSSB;
  - b members of the CD Consultants team from WSU-TISS;
  - c staff at MWSSB's training centre in Nasik, NRTC;
  - d potential long-term sanitation consultants identified by the project partners and the WFM0; and
  - e staff of the ODA Field Management Office.
12. Specifically the Consultant will:-
  - a study the findings of the RWSG mission and the ToR prepared and identify any aspects that may require modification;
  - b appraise the management and technical capacity at district level to implement the PSP and identify areas of weakness that would have a bearing on the PSP;



- c in discussion with ZP and WSU-TISS staff, identify likely candidate villages for the PSP in Bhusawal and Malegaon blocks;
- d in discussion with trainers at NRTC, outline a training needs assessment and identify suitable training;
- e provide advice on a framework for systematic and effective monitoring of the PSP; and
- f provide advice on future ODA monitoring inputs on the PSP.

### Duration of the Consultancy

13. The Consultant will visit the project for a period of two weeks (29 August - 9 September), with an additional period of four days for report writing and presentation of findings in the UK.

### Reporting

14. The Consultant will provide reports as follows:

	<u>Bound</u>	<u>Unbound</u>
South Asia Department, ODA	4	-
BHC, Delhi	2	-
FMO Bombay	6	1
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Total	12	1

15. The report should be in the following format:

- summary of recommendations (including any further work/study required);
- summary of conclusions;
- contents;
- main body of report;
- annexes;
  - a) Consultant's ToR
  - b) Consultant's Itinerary
  - c) List of persons met
  - d) Aide memoire
  - e) List of abbreviations and acronyms

16. The Consultant should identify any constraints in meeting these ToR.

M A Harvey  
 ODA WFMO Bombay  
 6 July 1994



## ANNEX II: CONSULTANT'S ITINERARY

Date	Main Itinerary Items
Monday, 29 August, 1994	Briefing by Water Field Management Office Staff Meeting with PPMU staff Meeting with Secretary, RDD Meeting with Secretary, PHD Meeting with Member Secretary, MWSSB Departure Bombay for Jalgaon, overnight train
Tuesday, August 30	Meeting with Jalgaon District (ZP) staff Field visit to villages, Jalgaon District
Wednesday, August 31	Field visits to villages, Jalgaon District
Thursday, Sept 1	Meeting at ZP, Meeting with TISS staff, Depart Jalgaon for Dhule
Friday, Sept 2	Depart Dhule for Nasik  Visit Pimperkhed, Gangadhari and other villages  Meet Commissioner in Nasik
Saturday, Sept 3	Visit Maharashtra Water Supply & Sewerage Board Training Centre, and meet sanitation consultants.  Depart for Bombay
Sunday, Sept 4 -- Tuesday, Sept 6	Rest, Initiate Write-up, Prepare Aide Memoire Meet UNICEF staff
Wednesday Sept 7	Present Aide-Memoire in wrap-up meeting with PPMU, Secretary RDD, Secretary PHD, and Member Secretary MWSSB



## ANNEX III: AIDE-MEMOIRE

OVERSEAS DEVELOPMENT ADMINISTRATION

GOVERNMENT OF MAHARASHTRA

### MAHARASHTRA RURAL WATER SUPPLY AND SANITATION PROJECT

#### VISIT TO THE PROJECT BY:

Ms Hazel Slavin, Health Education Consultant,  
Dr Tamsyn Barton, Community Development Consultant,  
Mr Peter Kolsky, Sanitation Consultant, and  
Mr Han Heijnen, IRC Senior Programme Officer

29 August - 7 September 1994

### AIDE-MEMOIRE

(para 15 revised following wrap-up of 7 September 1994)

1. ODA's Health Education, Community Development and Sanitation Consultants - Ms Hazel Slavin, Dr Tamsyn Barton and Mr Peter Kolsky, visited the Maharashtra Rural Water Supply and Sanitation Project from 29 August to 7 September 1994. They were joined by Mr Han Heijnen of the IRC Water and Sanitation Centre who conducted a workshop on Information Management in the water sector at NRTC on 2 September and provided advice to the project authorities on information management, communication and institutional issues.
2. The consultants had initial introductions in Bombay with Mr Suresh Kumar, Secretary, RDD, Mr Ramanandan Tiwari, Secretary, PHD and Mr R M Sagane, Member Secretary, MWSSB, as well as the Project Director and Joint Secretary Mr R S Sankholkar.
3. Following these meetings the team visited both Jalgaon and Nasik districts with members of concerned government departments and the ODA's Water FMO. In Nasik they met Mrs Mehendele, Regional Commissioner.
4. The consultants' visit finished in Bombay at a wrap-up meeting with the PPMU. They were joined at this meeting by Mr John Winter, First Secretary (Development), British High Commission. The consultants were very grateful for the help and hospitality they received throughout their visit.



## HEALTH EDUCATION

5. There has been significant progress in Health Education activities in the past year. Selected staff of the Public Health Department of all three Districts have participated in training in communication skills at District, Block and Village level and there is evidence of these skills being utilised by staff and that these skills are being transferred to other areas of their work.
6. It is unfortunate that the Health Education consultancy agreed last October to implement the Public Health Department programme was not finalised. It is **recommended** that this consultancy is appointed with all speed, particularly as an aspect of the action plan to be implemented by the consultancy is to provide a monthly newsletter for all staff. This should help considerably to improve communication at all levels.
7. All the EOHs associated with the MRWSS Project have now been relieved of duties other than those connected with the Project. Each has now been provided with a motorcycle and this has certainly helped their mobility. It is **recommended** that these EOHs are not transferred to other posts and duties.
8. Three Public Health Department staff are seconded to the Diploma in Health Education course at the FH&WTC in Bombay, all the three secondees in 1994/95 are men. It is **recommended** that planning start now to ensure that three staff can be available next year and that at least one of them is a woman.
9. The Health Education programme is designed to change certain health behaviours related to water use. The only way that it will be possible to assess the success of the programme is by monitoring changes in health behaviour. The DHO in Jalgaon District has designed a useful and simple way of collecting this information which can be used by staff in all three Districts. It is **recommended** that the DHO in Jalgaon visit the Dhule and Nasik Districts to help others use the system effectively. The DHOs must motivate their staff to use the data collection register rigorously.
10. The Public Health Department is to be congratulated on the wide variety of methods used to spread the Health Education messages. Folk media have been used and ways must be found to increase this element. The SHEB continues to produce material for use in the field but there is little evidence that this is rigorously tested and checked. It is **recommended** that a small "Materials Quality" committee, perhaps comprised of the three DHOs, the Assistant Director of SHEB and the Health Education Officer SHEB, could meet to check and ratify all new materials.
11. The libraries at the three FH&WTCs have been strengthened with some book material but it would be useful to supply some video cassettes, particularly on communication skills. It is **recommended** that the Public Health Department budget for this next year.



12. It is **recommended** that the Curriculum Planning Group which designed the Health Education training should meet within the next 3 months to review the existing courses and recommend changes where necessary. In addition, the Training Working Group should continue to meet regularly to ensure co-ordination.
13. It is important to begin to consider a second phase for the Health education programme and to think of innovative ways to promote sanitation. However, the planning stage is very important and it is **recommended** that no materials should be produced until it is clear exactly what is required in the field.
14. It is important that the Health Department take a lead in promoting clean and welcoming sanitary facilities. It is **recommended** that all Public Health Department offices, PHCs and hospitals have clean 'demonstration' latrines and that a way is found to monitor this.

#### COMMUNITY DEVELOPMENT

15. The policy framework for financing is not expected to be in place until the end of the 94/95 financial year. This has meant that the CD consultants have been unable to discuss fully this important issue. It is obviously important for the communities concerned to know as early as possible the financial implications of their acceptance of the scheme.
16. It is **recommended** that the details are worked out in advance of the election, even if they cannot be published, so that solutions can be found for the villages in the scheme and work on the issue with villagers can begin as soon as practicable.
17. The Jalgaon DPMU is now being strengthened, which is very welcome. However the proposal for strengthening the Nasik DPMU is still waiting for sanction. It is **recommended** that this is expedited.
18. Standpost locations have been agreed, and VWCs reconstituted in the 38v scheme. But the CD activities which led to this achievement were conducted in some haste, under pressure of the pace set by the engineering works. As a result, TISS effectively carried out the activities on their own, even when Block and Village level officials were present. This pattern has not changed in Jalgaon District, even now that work has begun in the 42v scheme. There has been no move to give officials a greater role.
19. Experience gained in Jalgaon District has allowed the TISS team in Nasik District to involve Block level officials from quite early on. They are thus enthusiastic, and in a position to take over leadership gradually. Most Block level officials are, however, lacking confidence about their ability to take a lead, and they are not aware of any clear programme for their taking over a more prominent role.
20. Government officials are also proving slow to take a lead in the CD training programme, despite the plan that training should be on a cascade model. Delays in remittances at State level have caused some training events to be cancelled since January, and the lack of government feedback on the manuals produced by TISS have slowed their introduction in the field.



21. It is **recommended** that the DPMUs and TISS collaborate on a clear timetable for the ZPs and BLTs to take over from TISS the active role in CD activities, including training at the village level.
22. In August 1993, TISS submitted a revised strategy for its activities, which involved working directly with 10% of villages, in order to offer government officials a demonstration of successful CD. In theory, the villages have not been selected yet, but in practice TISS has already been working directly in all the villages in Jalgaon District. Hence it is difficult to see the benefit of such a strategy at this stage, and the main objective now should be to get BLTs and VLTs to play a more significant role.
23. It is **recommended** that TISS reconsider its strategy of working directly with 10% of villages in the light of the developments in the CD programme since the strategy was proposed.
24. There has been a substantial turnover of staff in the TISS team since January. It is **recommended** that the TISS team be strengthened, in particular in Jalgaon District, where recent departures are having an adverse effect.
25. TISS must provide regular analytical reports on its activities to the concerned bodies. The evaluation format for trainings, though it has contributed to revisions in the curriculum, has proved unwieldy. It is also only of use in recording immediate reactions to the training, rather than contributing to proper monitoring of the effectiveness of the training programme.
26. It is **recommended** that TISS revise and modify its modes of reporting and monitoring, in particular, devising a format for monitoring the effectiveness of training with assistance from the DPMUs, by November 1994.
27. TISS has proved to be careful in ensuring women's participation in CD activities, and in reporting on the issue. The training manuals are also careful to lay stress on women's participation. TISS are beginning to promote the idea of having women as caretakers of the scheme at the village level, once the scheme is commissioned. Efforts to do this need to proceed as soon as possible as it may take some time for the idea to gain acceptance.
28. At a practical level, then, the team has a good understanding of some important gender issues. However, the connection with the Women's Studies Unit has weakened and there is less secure grasp at the conceptual level, as is clear from the gender strategy paper. It is **recommended** that the TISS Women's Studies Unit conduct a training for members of the TISS team along with selected government personnel.



## SANITATION

29. **Background:** The link between sanitation and water supply is a close one which has been recognized since the beginning of the project. A useful consultancy by the UNDP/WB/RWSG in Delhi in 1992 developed a detailed proposal for how a pilot sanitation programme (PSP) could develop. Because of its complexity however, work on sanitation has been delayed until such time as programme staff could manage the additional work. It is **recommended** that a pilot sanitation programme should begin as soon as possible. The pilot programme should involve the appointment of consultants to supervise the work and suitable terms of reference will be included in the final report.
30. **Scope of Programme Sanitation:** Sanitation is a broad concept that encompasses a variety of activities. These include both hardware and software components. Obvious hardware components include gutter and latrine construction. Software components include the work of understanding village level priorities and perceptions through such techniques as PRA, promotion and education, and improving communications between villagers and government. Experience throughout the world and in India has taught that the software aspects of sanitation are more important than the hardware because sanitation, particularly safe excreta disposal, is a very sensitive personal and household issue.
31. It is **recommended** that the scope of activities in the pilot sanitation programme include work to identify community priorities, sanitation promotion, some construction of demonstration latrines (particularly in schools and health facilities), some construction of gutters and training of government workers in the various related disciplines.
32. **Purpose of Programme:** A variety of approaches for the pilot sanitation programme has been considered. One approach could be "to build a specific target number of sanitation facilities", another could be "to develop model sanitation in eight villages to demonstrate the benefits to neighbouring communities". Experience in other parts of India however, indicates that such approaches are not sustainable nor replicable. In fact, we do not know how to achieve sustainable sanitation; if we did, there would be no need for a pilot programme.
33. It is therefore **recommended** that the purpose of the PSP should be to explore how the Government of Maharashtra can best promote effective sanitation in the State. The pilot programme should certainly involve construction of some facilities and may serve to stimulate demand through demonstration, but the focus of the programme should be that of learning how government can best promote sanitation in a sustainable fashion.
34. **Little Demand:** There is strong evidence of little demand for latrines. Conversations with villagers confirmed the findings of the ORG Baseline survey that most villagers distrusted the idea of latrines based on their experience of unpleasant, poorly maintained public latrines and their satisfaction with the age-old practice of defecation in fields. There was little or no evidence of "suppressed demand" for latrines where people wanted them but could not afford them.



35. **A Different Approach:** Sanitation projects (both in India and abroad) usually provide hollow monuments, rather than working institutions, because they provide "beneficiaries" with facilities (e.g. latrines) which they do not want. An alternative is to focus first on villagers' felt needs for sanitation be it for provision of gutters, solid waste management, washing facilities, or other improvements. Such an approach can gain the programme credibility with the village, will provide only those services which the village wants, and which thus stand a chance of being sustained. Promotion of less immediately popular aspects of sanitation (e.g. latrines) may then become feasible. It is therefore **recommended** that the primary objective of the pilot sanitation programme is the development a "demand-led" process by which the priorities and felt needs of the community for sanitation are given first priority.
36. Maintenance of sanitation facilities is a critical problem. In several villages visited during this trip, gutters were clogged because nobody cleaned them regularly; more seriously, people's dislike of public or individual latrines is almost entirely attributable to poor maintenance. This problem is an extremely difficult one to solve. It involves complex issues of cultural values, caste, and the attitude that excreta and dirt are or should be the responsibilities of others. Such problems must be realistically confronted as part of the sanitation programme. It is **recommended** that the programme adopt the principle that no facility shall be built without an explicit plan of **what** maintenance is required, **who** is to maintain the facility and **how** such maintenance will be financed. Such a plan must be more than a piece of paper and a major task of the programme must be to ensure full commitment to the plan.
37. **Institutional Arrangements:** Sanitation entails a broad range of activities, it involves many different departments and organizations and a variety of personnel and training requirements. Given the enormous scale of the problem in Maharashtra and the urgency with which it is viewed by the State government it is **recommended** that the PPMU have at least one full-time professional who is responsible **ONLY** for sanitation promotion, with no other responsibilities. It is further **recommended** that, for the pilot programme, each district have a sanitation officer who has no other responsibilities. Depending upon the results of the pilot programme it may prove useful to commit other staff at block level to sanitation promotion; indeed, it is difficult to see how large scale sanitation promotion will be feasible without more staff committed to it at this level. Recommendations for sweeping commitments of staff to sanitation should, however, await the outcome of the pilot programme.
38. An important focus of the pilot programme will be its exploration of the role of government in sanitation promotion and implementation. Much good work has been done by NGOs and the programme must learn from their experience. In Maharashtra, however, both the number of sanitation-related NGOs and their individual size are small. It is **recommended** that the pilot sanitation programme should explore how the institutions developed as part of the overall water project can respond to the challenge of providing sanitation in a sustainable way. The sanitation report will describe some options to be explored in the programme (e.g. through adoption of NGO "style" by government agencies, or through redefining government's role as a facilitator and co-ordinator, but not as a provider of sanitation services.)



39. **Next Steps:** The recommendations of the UNDP/WB/RWSG consultancy form a strong basis for the final terms of reference and activities for the PSP to be included in the sanitation report. The approach they recommended of letting a contract to manage this component is accepted, as is its proposed two-year duration. The main difference in the final TOR will be a greater emphasis on the process by which village level demand is assessed and sanitation activities are promoted. It is recommended that these TOR be sent to two or three consultants familiar with the overall project with a strong background in the social sciences (e.g. TISS, ORG, and METRIC). In the event that TISS is not selected, great care will be required to ensure good co-ordination and co-operation between the PSP consultant and TISS.

## INFORMATION MANAGEMENT

40. Information and communication are regularly mentioned in discussions with project field staff. It is obvious that in such an ambitious project, which involves various partners at different levels of operation, the need for information management and the communication of relevant information to all partners is imperative for good management and execution of project activities. The PPMU at Mantralaya level and the District PMU's are responsible for collection, collation and dissemination of project information. Whereas these units work fairly well, it would appear necessary to improve the flow of information from the field to state level, and the feed-back from state and district level to partners in the field.
41. It is **recommended** that additional information should be provided in text form to expand on the data collected through the reporting formats. This information could include information on successful approaches, bottlenecks and expectations. Similarly, feed-back from the PMUs to management levels and to the field should contain a brief analysis of the data and possibly even suggestions for action. Feed-back to field level will raise the awareness of field staff concerning the importance of information and is likely to lead to qualitative improvements in data collection. Feed-back will further enhance the use of information at district and field level. This will help to improve district level planning and allow for timely adjustment of field activities.
42. It is **recommended** that the DPMU prepare regular information digests tracking progress of activities. These digests should function as field tools to co-ordinate the inputs of various partners in the field. More extensive reports should be made available. To enable the DPMU to perform these essential information and communication tasks, each partner (MWSSB, RDD, ZP, TISS, Health, Gram Sevak, etc) should ensure timely delivery of relevant information.
43. Because of the innovative nature of the project it is important to **record** and **evaluate** the process of implementation. It is **recommended** that the details of the approaches chosen for effective delivery and optimum health impact, the institutional changes necessary at various levels and the support provided at senior policy making levels are recorded.



## HUMAN RESOURCES DEVELOPMENT

44. Human Resource Development and skills training for field staff are vital for the long-term impact of the project. It is **recommended** that a training needs analysis is carried out for each of the project sectors.
45. It is **recommended** that the DPMU develop a staff database indicating staff availability at block and village level, listing their educational and professional history, and the training received. Such a database would be very useful to determine the penetration of training and further needs.



#### ANNEX IV: LIST OF ABBREVIATIONS AND ACRONYMS

FMO	- Field Management Office (Water Supply & Sanitation) of the ODA
GOM	- Government of Maharashtra
MWSSB	- Maharashtra Water Supply and Sewerage Board
MRWSSP	- Maharashtra Rural Water Supply and Sanitation Project
NGO	- Non-Governmental Organization
ODA	- Overseas Development Administration
ORG	- Operations Research Group
PHD	- Public Health Department
PPMU	- Project Planning and Monitoring Unit
PSP	- Pilot Sanitation Programme
RDD	- Rural Development Department
RWSG	- Regional Water and Sanitation Group (of UNDP/WB Water and Sanitation Programme)
TISS	- Tata Institute of Social Sciences (Women's Studies Unit)
UNDP	- United Nations Development Programme
UNICEF	- United Nations Children's Fund
WB	- The World Bank



## ANNEX V: CRITERIA FOR VILLAGE SELECTION

There are two objectives which sometimes conflict in selecting villages for the project. The first is "**representativeness**", and the second is **potential for success**.

**"Representativeness."** The first objective is about learning; we cannot learn much about how to promote sanitation in rural Maharashtra if we take villages that are completely atypical of the vast majority of villages in the State. If we want to learn about the true difficulties of the work, and how to overcome them, it makes no sense to start in villages which are far larger, or far more developed, or far wealthier than average; the solutions that work in these villages may not be appropriate for the vast majority of the State's rural population. Similarly, we want to sample the variety of problems we are likely to encounter; we want to explore solutions to the very different problems of high density and low density villages, large and small villages, isolated villages and those within range of larger towns. It therefore makes sense in each District to look for three towns of differing size which reflect the variety of rural sanitation problems that seem fairly common throughout the district. The recommendations of the UNDP/WB/RWSG report concerning distribution of villages by population are accepted, namely that at least two villages from each of the four categories < 5000 be picked.

<u>Population (2006 projected)</u>	<u>No of villages</u>
<1000	2
1000-2000	2
2000-3000	2
3000-5000	2
	-----
Total	8 or more
	-----

The recommendation that the programme consider up to 10 villages total is also accepted.

**Potential for Success** The second objective is about demonstrable success in sanitation. While the main aim of the project is to learn how to promote sanitation, it is also intended to promote sanitation by demonstration. If village sanitation plans fail because particularly difficult villages were picked, this could then lead to unnecessary discouragement. The PSP will have enough difficulties simply from inexperience that it should not have to struggle with unusually conservative or weak village level structures. At the same time, it may not be right to pick the absolutely best organized villages, as these may be so atypical of the rest of the District that the lessons will not be applicable. Somehow these two criteria need to be sensibly balanced at the Block and District level.



**ANNEX VI: TERMS OF REFERENCE FOR PILOT SANITATION PROGRAMME  
MAHARASHTRA RURAL WATER SUPPLY AND SANITATION PROJECT**

**1.0 Background**

1.1 The Overseas Development Administration (ODA) of the Government of the United Kingdom is providing financial and technical assistance to the Government of Maharashtra (GOM) for implementation of the Maharashtra Rural Water Supply and Sanitation Project. The project area covers 210 villages and 1 town located in 7 Blocks of Dhule, Jalgaon, and Nasik districts of Maharashtra. The project activities commenced in 1990.

1.2 The project comprises 4 piped water schemes to provide treated water to a population of over 450,000 in the project area. The project has adopted an integrated approach aimed at sustainable services and health benefits. Construction of the piped water schemes and the related training, health education, and community participation components are in progress. The scheduled project completion date is 1995.

1.3 The Rural Development Department (RDD) of the Government of Maharashtra (GOM) is the nodal agency responsible for project implementation. At state level, a Project Planning and Monitoring Unit (PPMU) set up within the RDD is responsible for the project. An ODA Field Management Office (FMO) in Bombay provides support to the PPMU. Maharashtra Water Supply and Sewerage Board (MWSSB) is responsible for construction of the water supply (WS) schemes. The operation and maintenance of the WS systems is the responsibility of local government at the district, block, and village level under RDD, which also has overall responsibility for promoting community participation. Health education is the responsibility of the Health Department of the GOM, also through the local governments. The Women's Studies Unit of Tata Institute of Social Sciences (TISS) has been employed by ODA to assist GOM in training and community participation components. MWSSB will provide training in O&M of WS facilities. The Rural Studies Unit of TISS have completed a number of surveys and studies in sample project villages, which provide valuable background data for project implementation.

1.4 In addition to water supply, the original project design included a pilot sanitation programme to be implemented in 8-10 villages. It is proposed to obtain consultancy assistance in developing and implementing this programme. To the maximum extent possible, the sanitation component will be integrated with the ongoing water supply work, and will, indeed, be assisted by the extensive experience of village level institutions gained during the water supplywork. The pilot sanitation programme (PSP) is intended to be a demand-led process, and consequently will address not only human excreta disposal, but other aspects of environmental sanitation which may be of concern to the affected communities, e.g. solid waste or drainage.



1.5 Prime responsibility for village water supply and sanitation lies with the Gram Panchayats, with support from the Block offices (through engineers and extension workers.) It is proposed that the responsibility for implementing the PSP should lie with these institutions, to ensure replicability of the approaches adopted. However, as the experience within these institutions in rural sanitation and a demand-led approach is limited, consultant support is proposed for the PSP. To avoid interference, confusion, duplication or inconsistency with current work being done on village level organization and community involvement, it is imperative that there be close co-ordination between the consultants and TISS.

1.6 Two consultants will be appointed by ODA in consultation with the RDD of GOM: a Community Development Advisor and a Technical Advisor. The terms of reference for the proposed consultancy are as follows.

## 2.0 Objectives of the PSP

2.1 To explore how sanitation can be sustainably promoted in rural Maharashtra.

2.2 To explore how the Government of Maharashtra, at all levels, can best be involved in promoting environmental sanitation. Of particular relevance to this consultancy is the desire for district and block level workers of RDD to learn, understand, and use both the participatory techniques and the appropriate technology currently employed by NGOs in the promotion of sanitation. The replication of sanitation on a large scale in Maharashtra may depend greatly upon the extent to which the government can be effectively involved in its promotion.

## 3.0 Scope of the PSP

3.1 The PSP is intended to address those aspects of environmental sanitation not already covered by the water supply project. It comprises **hardware** (construction of facilities), **software** (development and trial of processes and techniques), and **training** components. The exact nature of **hardware** to be provided under the PSP is to be determined in a participatory process of the 8-10 chosen communities. It is foreseen that these may comprise such facilities as: private and community latrines, soak pits and public gutters for disposal of wastewater from households and community water points, washing slabs, cattle troughs, etc.

3.2 The **software** or process by which the programme is planned and implemented shall be designed to maximize the role of the community in planning, construction, and maintaining a more hygienic environment. This is to be achieved through a process in which the community's priorities for sanitation improvements determine the sanitation problems to be addressed, and in which the community's role in selecting the hardware to address these problems is maximized. In addition, the PSP will explore the



extent to which such a participatory process can serve as a vehicle for sanitation promotion.

**3.3 The training component** will focus upon the training of government staff in (a) participatory approaches to environmental sanitation problems, (b) techniques of sanitation and hygiene promotion, and (c) the design, construction and maintenance of such sanitation facilities such as latrines, gutters, solid waste systems, etc.

**4.0 Programme Activities and Schedule** An indicative list of pilot programme activities and a tentative time schedule are given below, and on the attached timetable and chart. See the ODA Sanitation Consultant's report, December 1994, for further details.

**4.1 Review of sanitation in the project area.** This would involve (1) review of the relevant literature at PPMU and the FMO, (2) extensive discussions with PPMU, ODA, UNICEF, those implementing sanitation for the World Bank, local NGOs, etc. on the subject of sanitation, (3) extensive field visits to Districts, Blocks, and villages within the project area to gain an appreciation of the problems of sanitation and the resources available to tackle them, and (4) a critical review of these Terms of Reference, and their modification as necessary, in discussion with PPMU and ODA. This review shall be reflected in a "Pilot Programme Memorandum" in which the consultants shall lay out their understanding of the tasks to be achieved and a suitable timetable for the work (6 weeks.)

**4.2 Select Villages** Consultants shall work with District and Block level staff in selecting 8-10 villages for the sanitation work. Suggested criteria are included as Annex V. This activity should take place more or less concurrently with the Sanitation Review. (6 weeks)

**4.3 Kickoff Workshops** Consultants should facilitate workshops to kickoff the Pilot Sanitation Programme in each of the Districts where pilot sanitation work is to be done. The Pilot Programme Memorandum may serve as a basis for discussion. In particular, the consultants should present, for review and discussion,

- Objectives of PSP
- Process of PSP
- Resource Requirements of PSP
- Resources available to PSP

Resources here refer (1) not only to government or ODA funding, but also the extent of cost recovery, and (2) not only to money, but to available staff and village level personnel. (2 weeks).

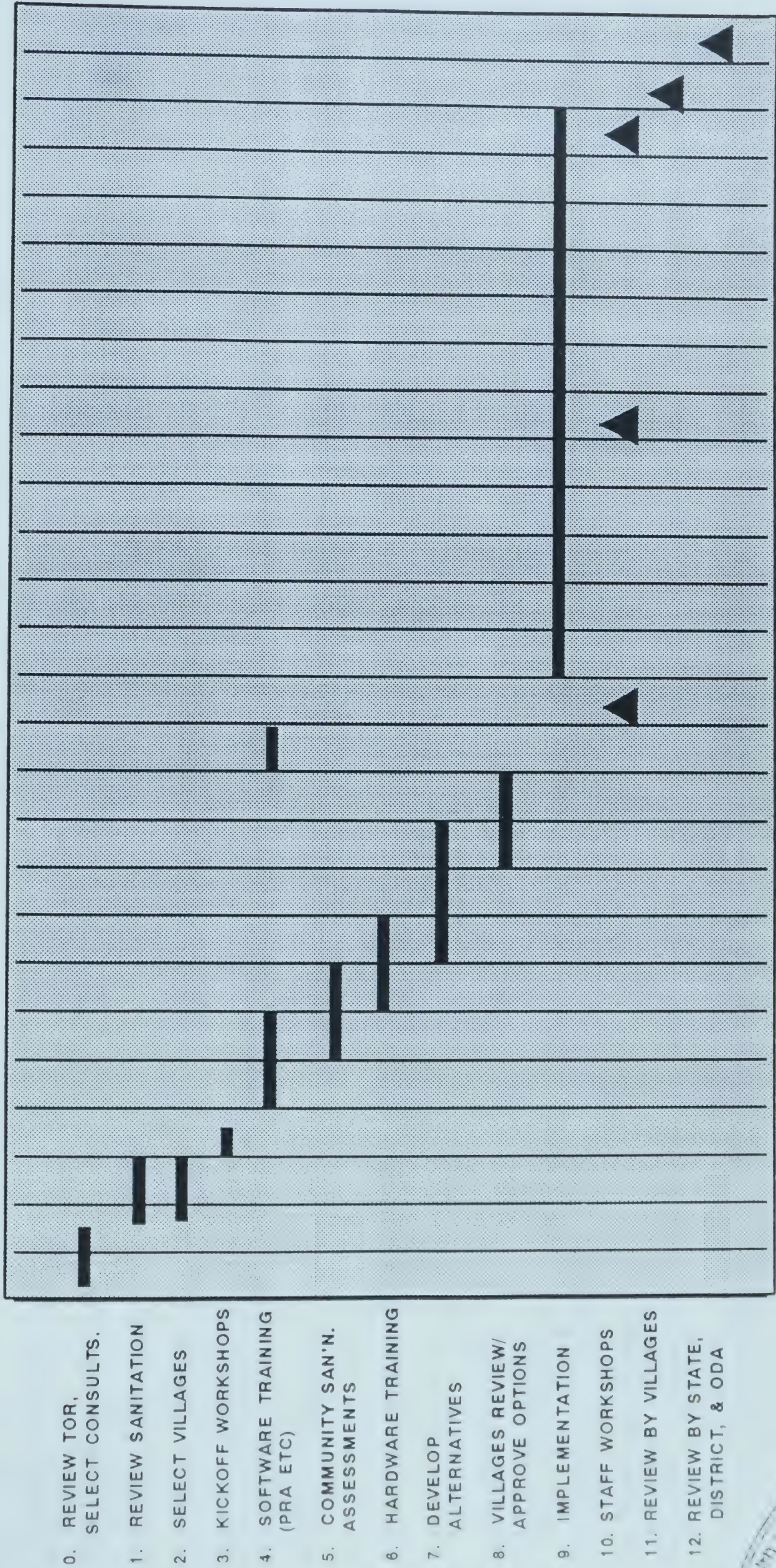
**4.4 Software Training** Consultants are to provide a mixture of classroom and "on the job" training in participatory methods for sanitation assessment to ZP and Block level workers. In particular, the second half of the Software Training is to



# Maharashtra Pilot Sanitation Programme

## Timetable

Figure 1

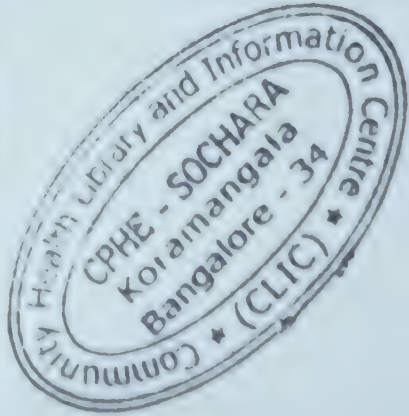


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**MAHARASHTRA PILOT SANITATION PROGRAMME  
PROPOSED ACTIVITIES AND ROLES**

Activity	Comm. Dev Advisor	Technical Advisor	Community	Government Staff			
				PPMU	ZP	Block	ODA
TOR Review & Consultant Selection				D			D
Sanitation Review	I	I					
Select Villages	F	F		D	D	D	
Kickoff Workshops	F	F		P	P	P	P
Software Training	F	F			P	P	
Community San'n Assessments	F, I	F, I	I			I	
Hardware Training		F*			P	P	
Develop Alternatives	F, I	F, I	I		I	I	
Review/Appr Options	F	F	D			F	
Implementation	F	F	I	I	I	I	
Staff Workshops	F	F		P	P	P	
Review by Villagers	F	F	P			A	
Review by State, District, ODA	F	F		P	P	P	P

F = Facilitator, (F' => may wish to subcontract add'l resources, e.g. NGO)  
D = Decision-maker, I = Implementer, P = Participant, A = In Attendance



overlap with the first half of the village level sanitation assessments, in which government workers will see the techniques applied, and will use them individually in working with villagers. The object of the training should be to provide participants with the skills to work with villagers in (1) identifying sanitation problems, (2) setting priorities amongst them during the Sanitation Assessments, and (3) choosing between alternative solutions to problems. Later training, prior to implementation, should also provide skills for working with villagers (4) working to implement the solutions, (both technical and institutional,) and (5) promoting various forms of sanitation during implementation. (8 weeks, overlapping with the Community Sanitation Assessments, plus four weeks prior to implementation.)

**4.5 Community Sanitation Assessments** Consultants shall work with ZP and Block Level staff in conducting community sanitation assessments. These assessments are intended to elicit from the selected villages the environmental sanitation problems of greatest concern to them, and on which they would most like to work. These assessments should focus on problems, not solutions, which are to be considered later in the process. (eight weeks, overlapping with software and hardware training of ZP and Block level staff.) (8 weeks, overlapping with Software and Hardware Training.)

**4.6 Hardware Training** The technical consultant shall be responsible for training ZP and Block level staff in appropriate sanitation technology. After the sanitation review and the initiation of community sanitation assessments, the technical consultant should have a clear idea of the sorts of solutions which are likely to be most appropriate and acceptable to the pilot programme villagers. These are likely to include low-cost latrines (public and private), basic sullage gutters, and perhaps washing slabs, and some work on solid waste. The technical consultant may wish to contract an NGO working in sanitation to assist in training in the design, construction, and upkeep of these facilities. (8 weeks, overlapping with sanitation assessment, and the development of alternatives.)

**4.7 Develop Alternatives** The technical consultant and the community development consultant shall be responsible for managing the development of alternative sanitation solutions for each of the pilot villages. Most of this work is to be done by the ZP and Block level workers, and the consultants' role is to oversee the process. These alternatives are to reflect the priorities expressed by the village, and the technical and economic constraints imposed both by the programme budget. It is highly desirable that a range of options be available from which the community can choose the one which best meets both its needs and the resources that are available (both from government and from the village or individual villagers) (12 weeks, overlapping with hardware training and the review and approval of options).



**4.8 Review and Approve Options** The consultants and Block level workers shall facilitate the review and approval by villagers of the Alternatives developed in 4.7. It is envisaged that this process will require at least two meetings per village, and probably more, as villagers will need time to consider the alternatives presented, raise questions and perhaps request fresh alternatives. The object is to conclude with a feasible plan, accepted by the village, which reflects not only a choice of hardware, but also a system of maintenance. (8 weeks, overlapping with Development of Alternatives.)

**4.9 Implementation** This is simply the carrying-out of all activities identified within the plan of each village. This is **not** just the construction of facilities, but includes:

- startup of maintenance activities and training,
- periodic monitoring of the plan with the community to assess progress,
- startup of community contribution (e.g. labour, cost recovery, etc) activities,
- continued promotion for later programme activities.

Implementation is envisaged to take a full year.

**4.10 Staff Workshops** Prior to the start of implementation, and then once every six months during implementation, the consultants shall facilitate workshops among the relevant PPMU, ZP, and Block level staff. The function of such workshops is two-fold: (1) to expose PPMU and ZP staff to the experiences of village level sanitation work, so that they can better reflect on the replicability of various aspects of the programme, and (2) to plan and monitor the implementation of the programme.

**4.11 Review by Villagers** The consultants, with support from ZP and Block level workers, shall facilitate final review meetings within the village to hear the perceptions of villagers about the programme, and learn lessons for any extension of the programme. Such meetings may also take place periodically as part of the implementation phase, but a separate final review is essential. Among other issues, the review meeting should address realistically the likelihood of continued maintenance, and how this might be maximized.

**4.12 Review by State, ODA** The consultants shall also facilitate a final review of the programme with ZP, PPMU, and ODA staff, after the village level review, to consider what has been learnt, and the major lessons for sanitation in the State of Maharashtra from the programme. The consultants shall have distributed a "Programme Completion Report" to all participants elucidating lessons learnt, what worked, and what did not work, and why, for review and comment at least two weeks before this meeting.



## 5.0 Programme Strategies

The strategies developed by the consultants for the pilot programme must be compatible with those adopted for the overall programme, and indeed, should make the maximum use of institutional infrastructure established under the overall project.

## 6.0 Scope of consultancy assignment

6.1 There are two consultant positions to be filled: a Community Development Advisor and a Technical Advisor. Job descriptions for both positions are attached. The consultants' role will be primarily that of facilitation in the development and implementation of this programme. They will act as management and technical resources to the implementing agencies and the villagers, from conceptualization through to commissioning and evaluation of the programme. The success of the programme (and thus of the consultants as facilitators) will lie in the progress towards development of a process for sanitation promotion that is effective, sustainable, and as replicable as possible.

6.2 At the District level, the nodal agencies for the programme will be the Zilla Parishads of the affected Districts. As is evident from the Programme Activities outlined above, the consultants will work closely with these staff in carrying out their assignments and the programme activities listed in 4.1 - 4.12 above.

6.3 The consultants will co-ordinate the PSP activities with all agencies involved to ensure timely progress, keeping within the programme objectives and agreed implementation strategies. The consultant will develop a programme management and monitoring system and regularly report to the project/programme authorities. Given the "demand-led" nature of the process, however, developing specific physical targets for "production" will be unrealistic prior to the adoption of a village-level plan. Process targets, however, indicating, for example, progress on community decision-making, and development of alternatives, are possible, and shall be included as part of the monitoring process. The monitoring system shall be used to report progress, bottlenecks, and actions to be taken to improve progress.

6.4 The technical consultant shall be responsible for monitoring construction supervision to ensure good quality construction.

6.5 The technical consultant shall also be responsible for the hardware training, although it is possible he/she will wish to subcontract a sanitation NGO to provide some or all of this training, and a site for these sessions.



## 7.0 Duration of consultancy

7.1 The programme is expected to be developed and implemented in a period of two years, beginning mid-February 1995, with some final wrap-up assessments and evaluation extending until March 1997 (the end of ODA FY 1997.)

## 8.0 Team composition

8.1 The consultant team is expected to consist of a social scientist (Community Development Advisor) who will be the team leader, with support from a technical specialist, and some training support. It is anticipated that both the social scientist and the engineer will be required full-time throughout the programme. The social scientist should have proven management skills in the area of participatory rural community development. The technical specialist should be a rural sanitation expert, with extensive experience of low cost sanitation, drainage design and implementation, and solid waste management for rural areas. He/she will participate with ZP/block technicians in village level meetings to facilitate the development and review of technical alternatives. He/she will also take the lead in developing a training programme for the ZP/block level staff on rural sanitation technology, although such training may involve other resources such as NGOs, or the Maharashtra Water Supply and Sewerage Board Training Centre. (see Sanitation Consultant's Dec. 1994 Report for suggestions.)

## 9.0 Consultancy Proposal

9.1 Based on the above terms of reference, you are requested to submit your proposal, including the following information, by January 13, 1995.

- a) Experience of the firm in programme-related activities.
- b) Details of proposed methodology, and outputs. In particular, you should recommend such alterations to these terms of reference as you see necessary.
- c) Expected inputs from the programme implementation agencies
- d) Proposed work-plan in a bar-chart form.
- e) Composition of the proposed team, responsibilities of team members, total input in person-months (in home/field) and scheduling of inputs over the programme period.
- f) CVs of proposed team members
- g) Detailed budget with breakdown by cost of expert inputs, travel and subsistence, and other expenses
- h) Terms of payment.



## ANNEX VII: COMMUNITY DEVELOPMENT ADVISOR JOB DESCRIPTION

Duration: Two Years

### Duties:

1. The Overseas Development Administration (ODA) is providing financial and technical assistance to the Government of Maharashtra (GOM) in planning, implementation, and monitoring of the Rural Water Supply and Sanitation Project. The project area covers 210 villages and 1 town in three districts of Maharashtra (Dhule, Jalgaon, and Nasik.) The project includes piped water schemes to all the project villages integrated with associated training, health education and community participation components. The project activities commenced in 1990.

2. As one of the components of the project, the authorities now intend to undertake a "Pilot Sanitation Programme" (PSP), in eight to ten of the project villages. The programme aims to develop a sanitation promotion system that is effective, sustainable, and largely replicable. The programme will require the services of two consultants: a Community Development Advisor (programme leader), and a Technical Advisor.

3. The Women's Studies Unit of the Tata Institute of Social Sciences (TISS) is assisting the project authorities in training, health education, and community participation components of the ongoing project. Because of the very great overlap in activities between the current work of TISS and the proposed activities of the PSP, it is essential that close coordination between the PSP and the work of TISS be maintained.

4. The Community Development Advisor will have overall responsibility for managing the planning, training, implementation, monitoring and internal evaluation components of the PSP. The Community Development Advisor will be assisted by a Technical Advisor. The responsibilities of the Community Development Advisor will include, but not be limited to, the following:

- 4.1 Leading the review of rural sanitation in the project area, and preparing the "Pilot Programme Memorandum" described in the Programme ToR. Working with Block and District level staff in the selection of programme villages.
- 4.2 Leading the facilitation and organization of "kickoff" workshops in the affected districts of Maharashtra. At these workshops, the approach of the programme will be presented and reviewed by State, District, and affected block level staff, and resource requirements and availability will be reviewed. The Community Development Advisor will be assisted by the Technical Advisor on both technical aspects, and those financial aspects which are dependent upon technology.



- 4.3 Software training in sanitation promotion for State and District level staff. To do this, the Community Development Advisor must have had some previous exposure to participatory development techniques through work with NGOs or other participatory sanitation programmes.
- 4.4 Leading the facilitation of community sanitation assessments, which will involve community members and block level technical staff. Note that these assessments are to focus on community-perceived problems rather than on the technical solutions, which will be explored later in the process. The Technical Advisor will assist in such facilitation as appropriate.
- 4.5 Assist the Technical Advisor in assuring appropriate technical training in sanitation technologies for Zilla Parishad and Block level workers. These may include excreta disposal/reuse options; basic gutter layout, design, and construction; and possibly solid waste management. Note that the appropriate depth of training in such activities will depend to some extent upon the village level demand in any of these areas. It may be appropriate to contract a sanitation NGO and/or the Maharashtra Water Supply and Sanitation Board Training Centre to provide suitable training facilities. It is likely that the training needs of the differing levels may differ somewhat, and the training programme developed should reflect this.
- 4.6 Take a leading role in the development of appropriate software alternatives with Zilla Parishad, Block level workers and villagers to address institutional issues associated with the implementation, use, upkeep and finance of the hardware alternatives considered.
- 4.7 Facilitate the review and approval of alternatives by village communities which will lead to the adoption of a village sanitation plan. In particular, the Community Development Advisor is responsible for ensuring that the plan is understood by all parties involved, and that commitments made by them are realistic and likely to be fulfilled. S/he will be assisted by the Technical Advisor, who shall ensure clear understanding of the technical and financial issues associated with the construction, use, and maintenance of the technical options considered. The Technical Advisor shall also be responsible for the technical clarity and feasibility of each village's sanitation plan.
- 4.8 Lead in the institutional planning and monitoring of sanitation plan implementation. As much as possible, responsibility for this activity should be devolved to District and Block level staff, but the Community Development Advisor shall take the leading role at the outset, and work with District and Block level staff to develop autonomous systems for achieving and monitoring implementation. This process shall be reflected in



quarterly progress reports to the Zps, PPMU, and ODA.

- 4.9 Lead in the organization and facilitation of staff workshops at six monthly intervals to review progress and facilitate communication between differing levels (State, Block and Village) and their different perspectives.
- 4.10 Lead in the organization and facilitation of the end of programme review to take place in each village, and the separate end of programme review involving State, District and ODA staff.
- 4.11 At all stages, work to co-ordinate inputs with all participating institutions (RDD, ODA, Zilla Parishads, Block offices, villages, etc), particularly on the institutional and community development side.

5. The Community Development Advisor will need to travel extensively in the project area throughout the duration of the assignment. S/He will also be required to facilitate meetings in Bombay and in the project area.



## ANNEX VIII: TECHNICAL SPECIALIST JOB DESCRIPTION

Duration: Two years

### Duties:

1. The Overseas Development Administration (ODA) is providing financial and technical assistance to the Government of Maharashtra (GOM) in planning, implementation, and monitoring of the Rural Water Supply and Sanitation Project. The project area covers 210 villages and 1 town in three districts of Maharashtra (Dhule, Jalgaon, and Nasik.) The project includes piped water schemes to all the project villages integrated with associated training, health education and community participation components. The project activities commenced in 1990.

2. As one of the components of the project, the authorities now intend to undertake a "Pilot Sanitation Programme" (PSP), in eight to ten of the project villages. The programme aims to develop a sanitation promotion system that is effective, sustainable, and largely replicable. The programme will require the services of two consultants: a Community Development Advisor (programme leader), and a Technical Advisor.

3. The Women's Studies Unit of the Tata Institute of Social Sciences (TISS) is assisting the project authorities in training, health education, and community participation components of the ongoing project. Because of the very great overlap in activities between the current work of TISS and the proposed activities of the PSP, it is essential that close coordination between the PSP and the work of TISS be maintained.

4. The Technical Advisor will support the programme leader in planning, training, implementation, monitoring and evaluation of the PSP. The duties of the Technical Advisor will include, but not be limited to, the following:

4.1 Assist the programme leader in carrying out a review of rural sanitation in the project area, and the preparation of the "Pilot Programme Memorandum" described in the Programme ToR. Assist the programme leader and the Block and District level staff in the selection of programme villages.

4.2 Assist the programme leader in the facilitation of "kickoff" workshops in the affected districts of Maharashtra at which (a) the approach of the programme will be presented and reviewed by State, District, and affected block level staff, and (b) resource requirements and availability will be reviewed. The technical advisor will naturally be responsible for ensuring that both technical aspects, and those financial aspects dependent upon technology are suitably considered.



- 4.3 Assist the programme leader in the facilitation of software training in sanitation for State and District level staff. To do this, the technical advisor must have had some previous exposure to participatory development techniques through work with NGOs or other participatory sanitation programmes.
- 4.4 Assist the programme leader in the facilitation of community sanitation assessments, which will involve community members and block level technical staff. Note that these assessments are to focus on community-perceived problems rather than on the technical solutions, which will be explored later in the process.
- 4.5 Take the lead role in assuring appropriate technical training in sanitation technologies for Zilla Parishad and Block level workers. These may include excreta disposal/reuse options; basic gutter layout, design, and construction; and possibly solid waste management. Note that the appropriate depth of training in such activities will depend to some extent upon the village level demand in any of these areas. It may be appropriate to contract a sanitation NGO and/or the Maharashtra Water Supply and Sanitation Board Training Centre to provide suitable training facilities. It is likely that the training needs of the differing levels may differ somewhat, and the training programme developed should reflect this.
- 4.6 Take a leading role in the development of appropriate sanitation hardware alternatives to be considered in the selected villages, and assist the programme leader, Zilla Parishad, and Block level workers think through the institutional issues and software alternatives associated with the implementation, use, upkeep and finance of the sanitation hardware alternatives considered.
- 4.7 Assist the programme leader in facilitating the review and approval of alternatives by village communities which leads to the adoption of a village sanitation plan. In particular, the Technical Advisor shall ensure clear understanding of the technical and financial issues associated with the construction, use, and maintenance of the technical options considered. The Advisor shall also be responsible for the technical clarity and feasibility of each village's sanitation plan.
- 4.8 Take the leading role in technical planning and monitoring of sanitation plan implementation. As much as possible, responsibility for this activity should be devolved to District and Block level staff, but the Technical Advisor shall take the leading role at the outset, and work with District and Block level staff to develop autonomous systems for achieving and monitoring implementation. This process shall be reflected in quarterly progress reports to the Zps, PPMU, and ODA.



- 4.9 Assist the programme leader in facilitating staff workshops at six monthly intervals to review progress and facilitate communication between differing levels (State, Block and Village) and their different perspectives.
- 4.10 Assist the programme leader in facilitating the end of programme review to take place in each village, and the separate end of programme review involving State, District and ODA staff.
- 4.11 At all stages, work to co-ordinate inputs with all participating institutions (RDD, ODA, Zilla Parishads, Block offices, villages, etc), particularly on the technical side.
5. The technical advisor will need to travel extensively in the project area throughout the duration of the assignment. S/He will also be required to facilitate meeting in Bombay and in the project area.



## ANNEX IX: EXCERPTS FROM PREVIOUS STUDIES

A review of previous studies in the project area reveals some unexpected findings that runs counter to received wisdom about rural sanitation and hygiene.

Dr. Phil Harding's Report on the Field Implementation of the Four Village Pilot Study (June, 1992), noted (p. 12) : "The S/C mahars were the caste group that had responsibility for cleaning drains. Their conversion to Buddhism involved their rejection of this traditional role. Today most villagers are reluctant to engage in the low status practice of cleaning drains. Drains become blocked. Consequently villagers associate drainage with deterioration in village environments."

"The lack of sanitation facilities is perceived as a problem for women. Some private latrines were found in the villages, but the majority were poorly maintained. Some were unused."

The Baseline Survey for the MRWSSP (ORG, 1994) conducted on a random sampling of approximately 20% of the villages in the project area makes some important observations about the communities and households affected by the project.

### Income and sanitation

- Almost 70% of the households surveyed had an **income** below 12,000 Rs. per annum. (p. 31)

- **Television** was found in one of four households visited. Over 40% of the sample households owned a **cycle**. An equivalent proportion possessed a **transistor radio**. (p. 33)

- Nearly 6% of households visited owned **private latrines**. "The owners were among the distinctly well off and educated members of the village... Members of high income households who owned many modern gadgets and facilities, continued to use the open fields for defecation purposes. Ownership of a latrine was not linked with an improvement in their life style. According to the majority of them, "ownership was not worth the investment." (p. 65)

- "In more than 40% of the villages at least a few **private household latrines** were installed. **Public latrines** existed in 25% of villages. The schools anganwadis and market places were common sites for these. However, due to poor maintenance they normally remained unutilised." (p. 27)

### Hygiene

- "Almost ninety percent of the respondents claimed to regularly **wash their hands** before eating and preparing food...Hand washing after defecation was a universal practice followed in the study area." (p. 77)



## Defecation Practices

"People across the social spectrum (all socio-economic categories, castes, and both genders) defecate in the fields around the village. Usage of pit latrines by men was more in Malegaon and Nandgaon blocks of Nasik District...The habit of defecating in the open was not perceived as 'embarrassing' or 'very inconvenient'. On the contrary, the adult village folk stated that their current practice was not only 'comfortable as compared to latrines' but also served as a 'socialising ground', especially for the women. The women generally used opened land fenced by a brick wall which offered 'privacy' and an 'open environment'. This kind of defecation site was colloquially called as 'wadage sandas', and if wadage sandas did not exist in the village an unwritten norm separated the sites visited by men and women for defecation, which were located at a distance from one another."

"Although public and private latrines existed in a number of villages, usage of them was regarded as a 'dirty' concept. An interesting observation during the group discussions was that the moment the term 'latrine' was used, the villagers, irrespective of their class, caste, sex and age shrugged their shoulders and cringed their noses. Their exposure to the public latrines instilled in their mind the picture of a filthy, ill-maintained and often half-constructed latrine. Defecating in a close surrounding was described as 'a stuffy and uncomfortable experience'."

"However, the very concept of latrine usage was not completely discarded by the village folk. They opined that 'households with members of a very old age, pregnant women, or sickly family members can invest in latrines since travelling long distances, especially during the monsoons, could be very inconvenient for them.'" (pp. 63-64).

## Willingness to Own a Latrine

"Only 30% of the households said that they could incur an approximate cost of Rs. 3000/- per unit. The negative responses were higher in Nandgaon block (Nasik) and Edlabad block (Jalgaon) where 40% of respondents categorically mentioned that they were not ready to pay any money; the attitude was that the government should pay for it. This attitude was more prevalent among the lower socio-economic class. About 15% of the respondents agreed to spend a bare amount of Rs. 400-700 to avail such a facility." (p. 66).

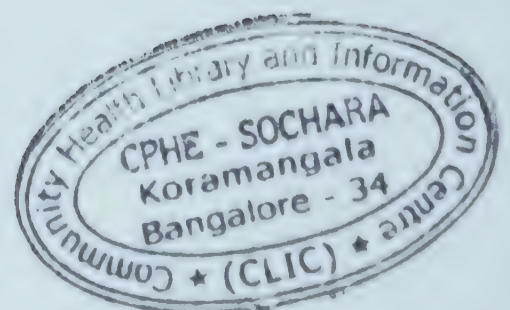
## Cleaning of Latrines

"No one was specifically ear-marked for the cleaning of privately-owned latrines in over half the households {which possessed latrines}..In Nandgaon town, one sixth of the households had engaged a sweeper for this purpose."

"Cleaning of public latrines was mentioned to be the



responsibility of the Panchayat. This opinion was held by all castes and classes. Discussions across groups in every village revealed that the task was 'demeaning' and 'dishonourable.' When checked with the Panchayat members, they lamented about the difficulty in obtaining cleaners for the public latrines and urinals. The general caste were of the opinion that it was the job of the scheduled caste or scheduled tribes. The SC/ST refused to clean latrines anymore. Even the unemployed youth declined such jobs. They vehemently oppose the societal nexus made between their caste and this type of dirty task. As a result, there exists a void as no one is willing to take up this unpleasant work." (p. 68).





## ANNEX X: REFERENCES

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